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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/612,460
	Filing Date	July 2, 2003
	First Named Inventor	S. Watanabe et al.
	Art Unit	2879
	Examiner Name	K. Guharay
Total Number of Pages in This Submission	Attorney Docket Number	35061.05500

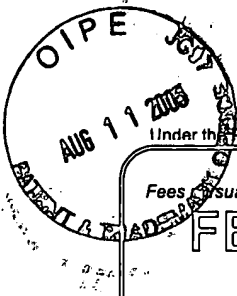
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	James R. Klaiber, Reg. No. 41, 902, Milbank, Tweed, Hadley & McCloy, LLP 1 Chase Manhattan Plaza, NY NY 10005
Signature	
Date	August 9, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: August 9, 2005			
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Signature		Date	August 9, 2005

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# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,200.00

### Complete if Known

Application Number	10/612,460
Filing Date	July 2, 2003
First Named Inventor	S. Watanabe et al.
Examiner Name	K. Guharay
Art Unit	2879
Attorney Docket No.	35061.05500

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: 13-3250 Deposit Account Name: Milbank, Tweed

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☐ Credit any overpayments

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Three Month Extension (\$1,020); IDS Fee (\$180)

Fees Paid (\$)  
\$1,200.00

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 41,902	Telephone 530-5363
Name (Print/Type)	James R. Klaiber	Date August 9, 2005	

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Docket No. 35061.05500

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/612,460  
Applicants : S. Watanabe et al.  
Filed : July 2, 2003  
TC/A.U. : 2879  
Examiner : K. Guharay  
  
Docket No. : 35061.05500  
Customer No. : 27171  
Title : *Projection Type Cathode Ray Tube Device*

CERTIFICATE OF MAILING

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PO Box 1450  
Alexandria, Virginia 22313-1450

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August 9, 2005

By: *Sandina M. Marino*  
Sandina M. Marino

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New York, New York 10005

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